

SAFETY EQUIPMENT: Mandatory for all Inspections.

Site name: *Universal Manufacturing Corp -*

Date of inspection: *11-13-79*

Inspectors' names: *John Osborn*

Individual equipment:

	worn	available
hard hat		<input checked="" type="checkbox"/>
goggles/safety glasses		
safety shoes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
boots		<input checked="" type="checkbox"/>
overalls/work clothing		<input checked="" type="checkbox"/>

Team equipment:

4 ml garbage bags		
wash water		
throw away towels, wipes		
disposable gloves		
disposable coveralls		
NIOSH Chem Manual		

1. Was/should any area of this site not be visited/inspected for reasons of safety? yes \_\_\_ no ☒ If "yes" explain why.
2. Do you think you may have been exposed to a hazardous substance? If so, call in to office ASAP! yes \_\_\_ no ☒
3. What safety suggestions would you make for further visits to this site?

Safety comments: *If sampling to be done then protective clothing (rubber gloves - coated pants & coat) should be worn. otherwise no special precaution needed.*

Inspector: *John Osborn* Date *11-13-79*

USEPA SF



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